Status (patented, pending abandoned)



Application No.

COMPINED DECLARATION AND POWER OF ATTORNEY

As a below name viewer, I hereby declare that

My residence, post office address and citizenship are as stated below next to my name.

Filing Date

tion en	SAID SYSTE	VI	ich is claimed and for which a pate ER, SHOWERHEAD AND SUPPLY						
the spe	ecification of which: (ct	eck one)							
		REGULAR OR DE	SIGN APPLICATION						
	is attached hereto.								
X	was filed on 30 March 2004 as application Serial No.								
	and was amended on (if applicable).								
	P	CT FILED APPLICATION E	NTERING NATIONAL STAGE	·					
- 🔲	was described and d	claimed in International appli	cation No.						
			amended on						
I hereby claims,	I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.								
I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations, §1.56. PRIORITY CLAIM									
cate list	ed below and have als	benefits under 35 USC 119	of any foreign application(s) for p n application for patent or invento	patent or inventor's certifi- or's certificate having a fil-					
	,	PRIOR FOREIGN	APPLICATION(S)						
	Country	Application Number	Date of Filing (day, month, year)	Priority Claimed					
EURO	OPE	04425045.4	26 January 2004	YES					
I hereby tion(s) lis	claim the benefit unde sted below:	r Title 35, United States Coo	le §119(e) of any United States pro	ovisional patent applica-					
Applicat	ion No.	Filing Date	Status (patented,	pending abandoned)					
(Comple	ete this part only if this i	s a continuing application.)							
ject matt provided patentab	ter of each of the claim I by the first paragraph oility as defined in Title	s of this application is not di n of 35 USC 112, I acknowl 37 Code of Federal Regulat	I States application(s) listed below sclosed in the prior United States are edge the duty to disclose informations §1.56 which became available filing date of this application:	application in the manner					

Docket No.	2512–1109

POWER OF ATTORNEY

The undersigned hereby authorizes the U.S. attorney or agent named herein to accept and follow instructions from FUMERO - Studio Cons. Brevetti as to any action to be taken in the Patent and Trademark Office regarding this application without direct communication between the U.S. attorney or agent and the undersigned. In the event of a change in the persons from whom instructions may be taken, the U.S. attorney or agent named herein will be so notified by the undersigned.

As a named inventor, I hereby appoint the registered patent attorneys represented by Customer No. 000466 to prosecute this application and transact all business in the Patent and Trademark Office connected therewith, including: Robert J. PATCH, Reg. No. 17,355, Andrew J. PATCH, Reg. No. 32,925, Robert F. HARGEST, Reg. No. 25,590, Benoît CASTEL, Reg. No. 35,041, Thomas W. PERKINS, Reg. No. 33,027, Roland E. LONG, Jr., Reg. No. 41,949, and Eric JENSEN, Reg. No. 37,855,

c/o YOUNG & THOMPSON Second Floor 745 South 23rd Street Arlington, Virginia 22202



Address all telephone calls to Young & Thompson at 703/521-2297. Telefax: 703/685-0573.

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Full name of s	ole or fi	rst inve	entor: Fab	rizi	o NOBILI		
Inventor's sign	nature:			\leq	2	Date:	
Residence:	Zona	Ind.	- CH-6534	SAN	VITTORE	Citizenship:	Italian
Post Office Address:		Zona	Industria	le -	CH-6534	SAN VITTORE - S	WITZERLAND
Full name of s	econd j	oint inv	entor, if any:				
Inventor's sign	nature:					Date:	
Residence: _					Citizenship:		
Post Office Ad	ldress:						
Full name of th	nird joint	t invent	or, if any:				
Inventor's signature:					Date:		
				Citizenship:			
Post Office Ad							
Full name of fo	ourth joir	nt inver	ntor, if any:				
Inventor's sign		······································			Date:		
Residence:					Citizenship:		
Post Office Ad	dress:						